

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



(916) 657-2941

July 23, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-50

RADCLIFFE V. COYE, ET AL. (RADCLIFFE) LAWSUIT SETTLEMENT

REF. ALL COUNTY WELFARE DIRECTORS LETTERS (ACWDL) 91-48, 91-83 AND 91-114

The purpose of this ACWDL is to provide information and instructions to county welfare departments (CWDs) for implementing the recently negotiated settlement in the Radcliffe lawsuit.

Background

Prior to the enactment of the 1990 federal disability regulations, plaintiffs, Jane Radcliffe and Annie L. Harris, represented by the San Francisco Neighborhood Legal Assistance Foundation filed a lawsuit against Julia Lopez, Kenneth Kizer, and Linda McMahon, who at the time respectively represented the San Francisco Department of Social Services (SFDSS), the State Department of Health Services (SDHS) and the State Department of Social Services (SDSS). In the lawsuit, the plaintiffs specified two allegations: (1) that independent disability determinations be made within the time limit required by law (60 days at the time the lawsuit was filed, now 90 days because of the newly enacted regulations); and (2) that a status letter be sent to an applicant whose disability determination will NOT be decided within 90 days from the date an applicant applied as a blind or disabled, medically needy individual.

General Requirements Under the Stipulation

On April 22, 1993, the Radcliffe Stipulation for Entry of Judgement and Order was finalized and signed (Enclosure 1). Those who are now named as parties involved in this lawsuit are the following: Jane Radcliffe and Annie L. Harris vs. Brian Cahill of SFDSS, Molly Coye of SDHS and Eloise Anderson of SDSS. For the purposes of SDHS and CWDs, this lawsuit will now be known as Radcliffe vs. Coye, et al.

The negotiated stipulation requires the CWDs, SDHS, and SDSS to continue doing certain activities and also complete some additional ones. Specifically, CWDs continue to be required to submit Disability Evaluation Division (DED) referral packets to DED no later than ten days after the Statement of Facts (Medi-Cal), form MC 210, is received by the CWD, except in the event of a delay beyond the CWD's control. The lawsuit was filed to ensure that all Medi-Cal applications based on disability be determined timely, which is within a 90-day period. If delays do occur, however, it will now be required that all Medically Needy Medi-Cal only applicants, including those who simultaneously have a pending disability case at the Social Security

Administration (SSA), be informed of any delays that may occur in the processing of their disability based Medi-Cal application via a status letter. Further requirements of the stipulation will involve activities to monitor the timeliness of the disability process. **NOTE:** The 90-day period covers from date of application, which is the date on the SAWS 1, previously known as the CA 1, for a new applicant, and for a beneficiary, the date he/she informs the CWD that he/she is disabled to the date that a notice of denial or approval is sent to the applicant/beneficiary.

Specific Requirements Under the Stipulation

1. The CWDs that are submitting the Radcliffe data collection will continue to do so until December 31, 1994. The Radcliffe data collection involves the reporting of the: (1) total number of disability based (single person case) Medi-Cal only applications filed during the month; (2) total number of disability based (single person case) Medi-Cal only applications which are pending in the county during that month, including any carry over from previous months; and (3) using the pending cases, list the number of cases that have been pending 30 days or less, 31-60 days, 61-90 days, 91-120 days, 121-180 days and 181 days or more (Enclosure 2).
2. To ensure that applicants are informed of their case status when delays occur, two types of status letters were developed. "Exhibit A" is the status letter for DED use and "Exhibit C" is the status letter for county use. If a delay is foreseen, either "Exhibit A" or "Exhibit C" status letter **MUST** be issued. "Exhibit A" is to be issued no later than the 85th day and "Exhibit C" is to be issued no later than the 80th day. The 80th or the 85th day commences from the date of application, which is the date on the SAWS 1 or the date a beneficiary informs the CWD that he/she is disabled to the date that a notice of denial/approval is sent.
 - DED Status Letter: "Exhibit A" of the Radcliffe stipulation (Enclosure 3) is for use by only DED. DED is responsible for sending a status letter to an applicant if DED is in possession of a complete DED referral packet on or before the 85th day from the date of application or when a beneficiary states that he/she is disabled and DED determines that a disability determination will not be reached by the 90th day. DED analysts have been sending status letters on cases since November of 1990.
 - County Status Letter: "Exhibit C" of the Radcliffe stipulation, the MC 179 (4/93) (Enclosure 4), is to be used by only the CWDs. Initial studies have shown that a very small percentage of DED packets are **NOT** submitted to DED on or after the 85th day. Only applicants, whose packets are not submitted to DED on or after the 85th day, do not receive status letters. One of the provisions of the Radcliffe stipulation and order states that an applicant or any known authorized representative shall be provided with a status letter if an eligibility determination and notice of action will not be issued within the 90-day period. Therefore, in order to comply with this provision, effective **NO LATER** than October 1, 1993, CWDs **MUST** send a MC 179 to each applicant whose case has **NOT** been submitted to DED by the 80th day from the date of the disability based application or any time prior to the 80th day if the CWD knows that the packet will **NOT** be submitted to DED by the 80th day. Examples of applicants currently not receiving status letters are those whose cases are in transit and the 85th day expires, or cases which are received by DED but later

returned to the CWD for a DED packet deficiency and received back into DED after the 85th day. DED will determine the 90th day by counting from the date which is on item 6 of the MC 221, Disability Determination and Transmittal; therefore, it is important that the correct date be inserted in item 6. **NOTE:** The most recent SAWS 1 (previously CA 1) date will not always be the date that is inserted in item 6.

The MC 179 has been designed for CWD use. It is similar to the status letter currently used by DED. This letter informs the applicant that the disability based application has not yet been submitted to DED. The CWD will check the appropriate box(es). Examples of reasons for delay may be that an applicant has failed to return a completed form MC 220 or MC 220A "Authorization for Release of Medical Information" or form MC 223, the "Applicant's Supplemental Statement of Facts for Medi-Cal". The CWD will check the first box of the MC 179 if the applicant has failed to respond to the CWD's request for additional information. A "blank line" appears below the first statement. It will be at the discretion of each CWD staff to determine if he/she finds it necessary to insert any additional information on the line. If there are other extenuating circumstances which delay a DED referral packet from being submitted to DED, the reason(s) must be stated in the "other line".

3. In order for a CWD to issue the MC 179, each CWD will need to set up their own internal system to monitor a DED referral packet that has not been submitted to DED on a timely basis. It is the responsibility of the CWD to issue the MC 179 to an applicant if the CWD has **NOT** submitted a disability referral packet to DED by the 80th day. The CWD must attach a copy of the MC 179 to the DED referral packet before submitting to DED. The CWD must indicate on the MC 221, in number 11 under comments, that the MC 179 has been issued. The MC 221 is currently undergoing a revision. The revised form will have a box that the CWD will check to indicate that the MC 179, 90-Day Status Letter, has been attached.

If DED receives a referral packet on the 86th day or later without a copy of the MC 179, DED will send the CWD a letter informing the eligibility worker (EW) that the MC 179 is missing. The EW is required to immediately send the MC 179 to the applicant/beneficiary informing him/her of the delay and forward a copy to DED. DED will keep statistics on the number of cases that require DED to send a letter to a CWD informing them of the missing MC 179. Therefore, it is imperative that each CWD ensure that a copy of the MC 179 is included in the referral packet whenever it is appropriate.

4. Other requirements of Radcliffe involve DED setting up a system to monitor various information regarding the number of disability cases which are received from the CWDs, the number of cases which are adjudicated within 90 days, the number of cases which require status letters, the number of cases which are backlogged in DED, etc., this information will be reported on "Exhibit B" of the Radcliffe stipulation (Enclosure 5). DED will be required to submit all information on "Exhibit B" on a quarterly basis until December 31, 1994. An additional quarter of reporting is required for information regarding the total number of disability based Medi-Cal applications received by DED which required the CWD to send a status letter under three circumstances: (1) within 90 days of application; (2) more than 90 days after the date of application; and (3) returned to the CWD for generation of a status letter. The reason for extension of the one reporting requirement is that counties will not start implementing the MC 179 until October 1, 1993.

5. One of DED's activities which will also indirectly involve CWDs is the reporting of returned cases. DED will be required to report CWD returns. If DHS finds that a particular CWD had a ten percent or more return rate, for any reason, in any two successive quarters, DHS will then contact that CWD to remedy the situation and report back to the Radcliffe attorney the status of the situation. This activity will continue until December 31, 1994.

Current return rates show that a large number of returns are the result of using the old MC 223, Applicant's Supplemental Statement of Facts for Medi-Cal. An ACWDL 92-43 was issued on July 1, 1992 informing CWDs of the revised MC 223 (10/90). CWDs were informed that effective no later than October 1, 1992, the revised MC 223 (10/90) **MUST** be included in the DED packet and to destroy all previous MC 223s. Remember, corrective action may need to be taken if CWDs do not ensure that packets are complete and correct forms are included before submitting to DED.

In order to facilitate the reduction of DED referral packet returns, SDHS will begin to distribute DED's quarterly county return report to all the CWDs. This report will indicate each CWD's problem areas in regards to the DED referral packet. By utilizing the information on the packet return report, CWDs will be able to further assess what areas of training their staff may need.

Summary of County Activities Required by Radcliffe

1. The CWD is required to forward a DED referral packet to DED no later than ten days after the receipt of the Statement of Facts or other statement of disability is received, except in the event of a delay due to the circumstances beyond the control of the CWD.
2. The CWD **MUST** set up a system to monitor disability based applications so that staff is alerted when a DED referral packet is retained at the CWD and the 80th day approaches.
3. Effective no later than October 1, 1993, a CWD that is in possession of a DED referral packet on the 80th day **MUST** send a MC 179 to the applicant/beneficiary informing him/her of the reason(s) for the delay. A copy of the MC 179 **MUST** be included in the referral packet before submitting to DED. The CWD must indicate on the MC 221, in the comments section, that the MC 179 has been submitted. The current MC 221 is being revised. The revised version will have a box for the CWD to check to indicate that the MC 179, 90-Day Status Letter, has been attached. (CWDs may send the MC 179 any time prior to the 80th day if it is known that a packet will not be submitted to DED by the 80th day.)
4. If DED receives a DED referral packet from a CWD anytime on or after the 86th day without a copy of a MC 179, DED will send the CWD a letter informing the EW that the MC 179 is missing. The EW will respond immediately by sending the applicant/beneficiary the MC 179 informing him/her of the reason for the delay and send DED a copy of that MC 179.
5. It is important that the CWD insert the correct "date applied" in item 6 of the MC 221, Disability Determination and Transmittal. This is the date that DED will use to count the 90-day time period. The SAWS 1 (previously CA 1) date will be inserted in item 6 for all new applicants. The date a beneficiary requests Medi-Cal based on disability will be inserted in item 6 for all beneficiaries.

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6. Since DED packet returns will be monitored by DHS and any CWD having a ten percent or more return rate in two successive quarters, for any reason, will be identified, contacted and reported to the Radcliffe attorney, CWDs must make every effort to ensure that packets are complete and correct forms are included before timely submitting to DED.

A CWD may request a supply of the MC 179 (4/93) and MC 179 (Sp) (4/93) from the State warehouse by completing the DHS 2031, Order Form. A supply of these forms will be available in the warehouse by July of 1993. Submit the order form to the following address:

Department of Health Services
1037 North Market Blvd., Suite 9
Sacramento, CA 95834

The Medi-Cal Eligibility Manual (MEM) procedure section containing procedures regarding the MC 179 will be issued in the near future. CWD implementation date for the MC 179 will be October 1, 1993. CWDs should ensure that a supply of MC 179s are on hand before the implementation date.

If you have any questions regarding the information contained in this letter, please contact Marie Taketa of my staff at (916) 657-1250.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

1 MICHAEL D. KEYS
 2 ROBERT P. CAPISTRANO
 3 SAN FRANCISCO NEIGHBORHOOD
 4 LEGAL ASSISTANCE FOUNDATION
 5 49 Powell Street
 6 San Francisco, CA 94102
 7 Telephone: (415) 627-0200

ENDORSED
 FILED
 San Francisco County Superior Court

APR 23 1993

ALAN M. CARLSON, Clerk
 BY: S. DOUGLAS
 Deputy Clerk

Attorneys for Petitioners/Plaintiffs

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
 9 IN AND FOR THE CITY COUNTY OF SAN FRANCISCO

11 JANE RADCLIFFE and
 12 ANNIE L. HARRIS,

Petitioners/Plaintiffs,

13 vs.

14 BRIAN CAHILL, in his official
 15 capacity as General Manager, San
 16 Francisco Department of Social
 17 Services; SAN FRANCISCO DEPARTMENT
 18 OF SOCIAL SERVICES; CITY AND
 19 COUNTY OF SAN FRANCISCO; MOLLY
 20 COYLE, in her official capacity as
 21 Director, State Department of
 22 Health Services; CALIFORNIA
 23 DEPARTMENT OF HEALTH SERVICES;
 24 ELOISE ANDERSON, in her official
 25 capacity as Director, State
 26 Department of Social Services;
 27 CALIFORNIA DEPARTMENT OF SOCIAL
 28 SERVICES,

Defendants.

No. 910 804

STIPULATION FOR ENTRY OF
 JUDGMENT AND ORDER

24 Plaintiffs JANE RADCLIFFE and ANNIE L. HARRIS and
 25 derendants MOLLY COYE, Director State Department of Health
 26 Services; CALIFORNIA STATE DEPARTMENT OF HEALTH SERVICES; ELOISE
 27 ANDERSON, Director, State Department of Social Services;
 28 CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES, by and through

1 the undersigned attorneys, stipulate to entry of judgment on
2 plaintiff's writ of mandate, complaint for declaratory and
3 injunctive relief as follows:

4 I. Within one year from the effective date of this order,
5 defendants shall be current on making eligibility determinations,
6 including issuing notices of action or issuing a status letter
7 (Ex. A or Ex. C) for all Medi-Cal applications alleging
8 disability as a basis for eligibility.

9 Where a Medi-Cal applicant has also filed an application for
10 SSI disability or disability insurance benefits with the Social
11 Security Administration (SSA), defendants shall monitor the SSA
12 eligibility decision-making process. In those dual application
13 cases in which the SSI/disability insurance decision will not be
14 issued within the timeframes controlling the Medi-Cal process,
15 defendants shall ensure that the evaluation of Medi-Cal
16 applications is initiated and an eligibility determination,
17 including issuing notices of action or issuing a status letter
18 (Ex A or Ex C) occurs within the time frames set forth in 42 CFR
19 435.911.

20 II. Current, as used in this order, means an eligibility
21 determination made within the time standards set forth in 42 CFR
22 435.911.

23 III. Defendants shall determine eligibility within the
24 mandated time standards described in Section II above, except in
25 those circumstances provided in 42 CFR 435.911(c).

26 IV. In the event this governing regulation is changed
27 pursuant to lawful procedure the time standard referred to in
28 this agreement shall, on the effective date of change, be the new

1 time standard.

2 V. For all disability based Medi-Cal applications pending
3 on or filed after the effective date of this order, with respect
4 to which defendants, their agents, or any person, organization or
5 group acting on their behalf or through their authority fail to
6 make an eligibility determination and issue a notice of action
7 within the mandated time standard, as described in Section II
8 above, defendants shall, pursuant to 42 CFR 435.911(d), document
9 such reasons in the affected person's case file. The affected
10 applicant or any known authorized representative(s), shall be
11 provided with a status letter which contains a clear statement of
12 the reason(s) for the delay. This status letter shall be
13 provided prior to the expiration of the time standard for issuing
14 a written eligibility decision.

15 VI. A copy of the status letters which shall be used to
16 satisfy the requirement of Section V, above, are attached hereto
17 as Exhibits A and C.

18 VII. Commencing October 1, 1993 counties shall be
19 responsible for providing the applicant or any known
20 representative with a status letter (Ex C) pursuant to the
21 requirements of Section V, in instances where the time standard
22 of 42 CFR 435.911 is exceeded and the application is pending in
23 the county; i.e. it has not been forwarded to State DED or has
24 been returned by State DED and not yet resubmitted by the county.
25 Defendants shall be responsible for enforcement of this section
26 and instructing the counties of their responsibilities.

27 VIII. For the period between the date of this order and the
28 effective date defendants shall become current on eligibility

1 determinations and issuing written notices of action for all
2 disability based Medi-Cal applications, as set forth in Sections
3 I, II, and III above, defendants agree to meet the following
4 interim compliance measures:

5 a. Within 30 days of the signing of this Order,
6 defendants shall provide counsel for plaintiffs
the following information:

- 7 (1) The total number of unassigned "shelf" Medi-
8 Cal applications alleging disability on the
date of this Order.
- 9 (2) written quarterly reports which set forth,
10 for the quarter reported, the number of
unassigned "shelf" cases pending at the end
11 of said quarter. These reports shall be
provided to plaintiff's counsel no more than
12 20 days after the close of the quarter being
reported.

13 b. If defendants fail to reduce, by 50%, the
14 unassigned "shelf" cases, as established in
VIII(a)(1), above, by the end of the 6th month of
15 this interim 12 month period, they shall report
the following additional information, upon
16 request, to plaintiffs' counsel:

- 17 (1) Of those cases identified in response to
VIII(a)(2), the number pending more than 90
18 days from the date of initial application
and, within that group a statistically valid
19 sample of those which:
- 20 (a) have received a status letter; and
(b) have not received a status letter.
- 21 (2) This information shall be provided, in
22 written form, to plaintiffs' counsel no later
than the first day of the 8th month of this
23 interim 12 month period.

24 c. If defendants fail to reduce, by 90%, the
25 unassigned "shelf" cases, as established in
VIII(a)(1), above, by the end of this 12 month
interim period, they shall report the following
26 additional information to plaintiffs' counsel,
upon request:

- 27 (1) Of those cases identified in response to
28 VIII(a)(2), above, the total number which
have been pending more than 90 days from the
date of initial application and within that

group a statistically valid sample of those which:

- (a) have received a status letter; and
- (b) have not received a status letter.

(2) This information shall be provided, in written form, to plaintiffs' counsel no later than 60 days following the end of this 12 month interim period.

IX. Beginning 60 days from the effective date of this order and ending December 31, 1994, defendants shall provide plaintiffs' counsel with monthly reports submitted quarterly which summarize individually for twenty-nine (29) counties the following information:

a. The total number of single person Medi-Cal disability based applications which were filed in the county during that quarter;

b. The total number of single person Medi-Cal disability based applications which have been pending in the county during that quarter including any carry over from previous quarter, for more than (a) 30 days or less; (b) 31-60 days; (c) 61-90 days; (d) 91-120 days; (e) 121-180 days; and (f) 181 or more days.

Each report shall identify the county for which information is being provided.

X. Included within those 29 counties mentioned in Section IX above, shall be the counties of Alameda, Butte, Kern, Los Angeles, Orange, Sacramento, San Diego, San Bernardino, San Francisco, San Joaquin, San Mateo and Santa Clara.

XI. Beginning 60 days from the effective date of this order and ending December 31, 1994, defendants shall provide plaintiffs' counsel with quarterly reports (format attached as Exhibit B) which summarize the following information:

- a. The total number of disability based Medi-Cal applications pending in State Disability Evaluation Division (DED) at the beginning of the quarter being reported.
- b. The total number of disability based Medi-Cal applications pending in DED at the end of the quarter being reported.
- c. The total number of disability based Medi-Cal applications received by DED during the quarter being reported.
- d. The total number of disability based Medi-Cal applications closed by DED during the quarter being reported.
- e. The total number of disability based Medi-Cal applications which received a written disability determination within 90 days from the date of the application.
- f. The total number of disability based Medi-Cal applications closed by State DED during the quarter being reported requiring a status letter pursuant to Section V above, where a status letter was sent:
 - (1) within 90 days of application; or
 - (2) more than 90 days of application; and
 - (3) not sent at all.
- g. The total number of disability based Medi-Cal applications that were received by State DED and returned to county welfare departments for additional information.
- h. Commencing with the quarterly report for the period October-December 1993, and for this data only continuing through the quarter January-March 1995, the report shall include the total number of disability based Medi-Cal applications received by State DED which required the county to send a status letter pursuant to Section VII above, where a status letter was sent:
 - (1) within 90 days of application;
 - (2) more than 90 days after date of application; and
 - (3) returned to the county welfare departments for generation of status letter.

XII. Effective 45 days from the date of this order and continuing through December 31, 1994, where State DED is caused

1 to return 10% or more of disability based Medi-Cal applications
2 to a particular county for additional information in any two
3 successive quarters, defendant DHS shall contact that county and
4 determine the specific reason(s) for the failure/delay in
5 providing the necessary information. Such an investigation shall
6 be concluded, and the results provided, in writing, to
7 plaintiffs' counsel, within 60 days of the close of the second
8 quarter.

9 XIII. For purposes of this agreement, unless otherwise
10 stated, where information is to be provided by quarterly reports,
11 said quarters shall be considered to end on March 31, June 30,
12 September 30 and December 30. The quarterly report for any
13 period of time shall be provided to plaintiffs' counsel no later
14 than 60 days following the close of that particular quarter.

15 XIV. This court shall reserve jurisdiction of this action
16 through and including March 31, 1995 to modify or enforce the
17 terms of this order. Before either party seeks to modify or
18 enforce the terms of this order, the moving party shall give
19 notice to the other party and shall attempt to negotiate any
20 differences in good faith. Should such negotiations fail to
21 resolve any remaining differences, the parties may seek discovery
22 in connection with the modification or enforcement of this order.

23 XV. No individual Medi-Cal applicant is foreclosed by this
24 agreement from pursuing his/her individual rights concerning
25 defendants' compliance with the requirements set forth in
26 sections I, II and III above as concerns his/her individual Medi-
27 Cal claim.

28 XVI. (a) Defendants shall issue an All County Letter that

1 includes this order and shall advise the counties regarding the
2 above described changes in the method of evaluating a disability
3 based on Medi-Cal application and shall instruct the counties to
4 comply with these changes.

5 (b) The All County Letter shall be completed and sent
6 to plaintiffs' counsel within 30 days of the date this order is
7 final. If, within 15 days thereafter, the parties cannot agree
8 upon the content of the letter, plaintiff shall have an
9 additional 15 days within which to move this court for an order
10 resolving the dispute.

11 XVII. The terms of this agreement shall, effective from the
12 date of this order, be binding on defendants, their agents or any
13 person or group acting on their behalf or through their authority
14 for the purpose of issuing disability based Medi-Cal decisions.

15 XVIII. Pursuant to the provisions of Code of Civil Procedure
16 §1021.5 defendants shall pay plaintiffs counsel, the San
17 Francisco Neighborhood Legal Assistance Foundation (federal
18 taxpayer I.D. number 941631316) an attorney fee in the sum of
19 \$15,000.00. Such sum shall be complete satisfaction of attorney
20 fee claims.

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1 DATED: April 20, 1993

DANIEL E. LUNGREN, Attorney General
of the State of California

2
3
4 By: 

RALPH JOHNSON
Attorneys for Defendants
Molly Coye, California
Department of Health Services
Eloise Anderson, California
Department of Social Services

5
6
7
8
9 DATED: April 22, 1993

10 SAN FRANCISCO NEIGHBORHOOD LEGAL
11 ASSISTANCE FOUNDATION

12 By: 

MICHAEL D. KEYS
Attorneys for Plaintiffs

13
14 O R D E R

15 It is ORDERED, ADJUDGED, AND DECREED that the terms and
16 agreements set forth in the above Stipulation for Entry of
17 Judgment on Plaintiffs' Writ of Mandate and Complaint for
18 Declaratory and Injunctive Relief shall be and hereby are the
19 order of the Court.

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22 Dated: _____

APR 22 1993

STUART R. POLLAK

Judge of the Superior Court

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25

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STATE OF CALIFORNIA - HEALTH AND WELFARE
DEPARTMENT OF SOCIAL SERVICES - DISABILITY EVALUATION DIVISION
STATE PROGRAMS BRANCH
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030

Dear Applicant:

Your application for Medi-Cal based on disability has been referred to us by your County Welfare Department.

Federal law requires that eligibility be determined within 90 days except where unusual circumstances exist. In your case, that is the situation.

This letter is to advise you that all of the information necessary to evaluate your medical condition and how it affects your ability to work has not yet been received.

We are awaiting the following information:

- () results of your scheduled Consultative Examination
- () copies of medical records
- () copies of records from your Social Security or SSI disability application which have been requested from the office processing that application
- () your response to our letter of _____
- () other: _____

If you would like additional information about the status of your Medi-Cal application, you may call me at (213) 965- . If you are in California, you may call station-to-station collect between the hours of 8:00 a.m. and 4:00 p.m.

You will be notified by your County Welfare Department when a final decision has been made regarding your claim.

Sincerely,

Disability Evaluation Analyst
Los Angeles State Programs

IF YOU ARE HEARING IMPAIRED USING T.D.D. YOU MAY CALL (213) 938-7252.

"EXHIBIT A"

EXHIBIT B

DISABILITY EVALUATION DIVISION - STATE PROGRAMS BRANCH

QUARTERLY MONITORING REPORT

Report Covering Period from _____ to _____

1. Total number of applications pending in State Programs at the beginning of the period: _____.
2. Total number of applications received by State Programs from the County Welfare Departments for the period: _____.
3. Total number of applications pending in State Programs at the end of the period: _____.
4. Total number of applications that received a determination by State Programs during the period: _____.
5. Total number of applications that were received by State Programs during the period and returned to the CWDs for additional information: _____.
6. For all applications requiring a status letter by the CWDs during the period, the number sent:
 - a. within 90 days of the application date _____
 - b. more than 90 days after the application date _____
 - c. returned to the County Welfare Departments for generation of status letter _____
7. For all applications closed by State Programs during the period, and requiring a status letter, the number sent:
 - a. within 90 days of the application date _____
 - b. more than 90 days after the application date _____
 - c. not at all _____
8. Total number of applications which, during the reported quarter, received a disability determination within 90 days of the application date _____.

"EXHIBIT B"

Co. Welf. Dept. Address

Date: _____
Case Name: _____
Case No.: _____
Worker Name: _____
District: _____

This letter is to ^{tell} advise you that all of the information necessary to refer your case to State Programs, Disability Evaluation Division for a disability determination has not been received.

Though federal law requires that eligibility for Medi-Cal based on disability be decided within 90 days, we are not able to do so in your case due to the reason(s) checked below.

We are awaiting the following information:

- ☐ For you to respond to our request for additional information _____
- ☐ For you to respond to our request to come into the office
- ☐ For you to contact your eligibility worker **RIGHT AWAY** because your disability form(s) is not completed correctly
- ☐ Other _____

If you have questions about your Medi-Cal application, call me at () _____ between _____ a.m. and _____ p.m.

**RADCLIFFE V. KIZER
MONTHLY STATUS REPORT**

MONTH OF REPORT: _____ COUNTY CONTACT: _____

COUNTY NUMBER: _____ PHONE NUMBER: (____) _____

1. Total # of disability based
(single person case) Medi-Cal
Only applications filed during
the month _____
2. Total # of disability based
(single person case) Medi-Cal
Only applications which are
pending in the county during
that month, including any carry
over from previous months _____
3. Using the total from #2 above,
how many of these cases have
been pending:

30 days or less	_____
31 - 60 days	_____
61 - 90 days	_____
91 - 120 days	_____
121 - 180 days	_____
181 days or more	_____

INSTRUCTIONS FOR COMPLETING THIS FORM

1. The total of all lines in #3 above should equal the number of pending cases reported in #2.
2. Completed forms are due 10 calendar days after the end of the "Month of Report".
3. Mail completed forms to:
 Department of Health Services
 Medi-Cal Eligibility Branch
 714 P Street, Room 1650
 Sacramento, CA 95814
 Attn: Marie Taketa
4. A form similar to this is available on the MEDS Network Electronic Mail Service (EMC2). To access, use and send the form, follow directions in the MEDS Network User Manual, Chapter 20 (Electronic Mail Service), Section 11.

STATE OF CALIFORNIA - HEALTH AND WELFARE
DEPARTMENT OF SOCIAL SERVICES - DISABILITY EVALUATION DIVISION
STATE PROGRAMS BRANCH
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030

ENCLOSURE 3

Dear Applicant:

Your application for Medi-Cal based on disability has been referred to us by your County Welfare Department.

Federal law requires that eligibility be determined within 90 days except where unusual circumstances exist. In your case, that is the situation.

This letter is to advise you that all of the information necessary to evaluate your medical condition and how it affects your ability to work has not yet been received.

We are awaiting the following information:

- () results of your scheduled Consultative Examination
- () copies of medical records
- () copies of records from your Social Security or SSI disability application which have been requested from the office processing that application
- () your response to our letter of _____
- () other: _____

If you would like additional information about the status of your Medi-Cal application, you may call me at (213) 965- . If you are in California, you may call station-to-station collect between the hours of 8:00 a.m. and 4:00 p.m.

You will be notified by your County Welfare Department when a final decision has been made regarding your claim.

Sincerely,

Disability Evaluation Analyst
Los Angeles State Programs

IF YOU ARE HEARING IMPAIRED USING T.D.D. YOU MAY CALL (213) 938-7252.

"EXHIBIT A"

(County Address)

ENCLOSURE 4

Date: _____

Case Name: _____

Case No.: _____

Worker Name: _____

District: _____

This letter is to tell you that all of the information necessary to refer your case to State Programs, Disability Evaluation Division for a disability determination has not been received.

Though federal law requires that eligibility for Medi-Cal based on disability be decided within 90 days, we are not able to do so in your case due to the reason(s) checked below.

We are awaiting the following information:

- ☐ For you to respond to our request for additional information
(_____)
- ☐ For you to respond to our request to come into the office
- ☐ For you to contact your eligibility worker RIGHT AWAY because
your disability form(s) is not completed correctly
- ☐ Other _____

If you have questions about your Medi-Cal application, call me at () _____
between _____ a.m. and _____ p.m.

"EXHIBIT C"

(Dirección del Condado)

ENCLOSURE 4 (SP)

Fecha: _____

Nombre del Caso: _____

No. del Caso: _____

Nombre del trabajador(a): _____

Distrito: _____

Esta carta es para informarle que no se ha recibido toda la información necesaria para mandar su caso a los Programas del Estado, División de Evaluación de Incapacidad para llevar a cabo una determinación sobre incapacidad.

Aun cuando la ley federal requiere que se decida la elegibilidad para recibir Medi-Cal basada en incapacidad en un plazo de 90 días, no podemos hacerlo en el caso suyo debido a la(s) razón(es) marcada(s) enseguida.

Estamos esperando:

- ☐ que usted nos proporcione la información adicional que le pedimos
(_____)
- ☐ que usted venga a nuestra oficina como se lo pedimos
- ☐ que usted se comunique con su trabajador de elegibilidad **DE INMEDIATO** porque su(s) forma(s) de incapacidad no está(n) llenada(s) correctamente
- ☐ Otro _____

Si tiene preguntas acerca de su solicitud para Medi-Cal, llámeme
al () _____ entre las _____ a.m. y las _____ p.m.

DISABILITY EVALUATION DIVISION - STATE PROGRAMS BRANCH

QUARTERLY MONITORING REPORT

Report Covering Period from _____ to _____

1. Total number of applications pending in State Programs at the beginning of the period: _____.
2. Total number of applications received by State Programs from the County Welfare Departments for the period: _____.
3. Total number of applications pending in State Programs at the end of the period: _____.
4. Total number of applications that received a determination by State Programs during the period: _____.
5. Total number of applications that were received by State Programs during the period and returned to the CWDs for additional information: _____.
6. For all applications requiring a status letter by the CWDs during the period, the number sent:
 - a. within 90 days of the application date _____
 - b. more than 90 days after the application date _____
 - c. returned to the County Welfare Departments for generation of status letter _____
7. For all applications closed by State Programs during the period, and requiring a status letter, the number sent:
 - a. within 90 days of the application date _____
 - b. more than 90 days after the application date _____
 - c. not at all _____
8. Total number of applications which, during the reported quarter, received a disability determination within 90 days of the application date _____.

"EXHIBIT B"